

# CLAIMS ONLY

Application Number

10662724

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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48.						
49.						
50.						
Total Indep						
Total Depend						
Total Claims						

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100.						
Total Indep				4		
Total Depend				28		
Total Claims				32		